MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/582073 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

			(CLAIMS					
	AS FILED	AFTER 1*AMENDMENT	AFTER 2 MAMENDMENT		AS FILE	D	AFTER		rer
	IND. DEP.		IND. DEP.		IND. DI		ND. DEP.	2 nd AMEI IND.	DEP.
1				51	IIIVD. DI	51. 11	ND. DEL.	IIID.	DEI.
2				52					
3	3			53					
5				54 55					
6				56		······			<u></u>
7				57					
<u>8</u> 9				58					
10				59					-
11				60					
12				62					
13				63					
14 15	<u> </u>			64					
16				65 66					
17				67					
18				68				 	
19				69					
20 21				70					
22				71 72					
23				73					
24				74					
25 26				75					· · · · · · · · · · · · · · · · · · ·
27				76 77					·
28				78					-
29				79					
30 31				80					
32				81					
33				82					
34				84					
35				85					
36 37				86		·			
38				87 88					<u> </u>
39				89					
40				90					·
41				91	·				
42				92					
44				93					
45				95					
46				96					
47				97					
49				98					
50				100					
TOTAL IND.	. 1			TOTAL					
TOTAL				IND.					•
DEP.	-	4 🗭	←	TOTAL DEP,	(+		4
TOTAL CLAIMS		5		TOTAL CLAIMS					
PTO - 1360	(REV. 11/04)					PARTMEN	T of COMMERCE ark Office		